

FOR BOARD USE ONLY

Date Received: \_\_\_\_\_

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Date Approved: \_\_\_\_\_



## ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232 ♦ Fax: 205-879-4232\*51

E-Mail ID.admin@idboard.alabama.gov

### APPLICATION FOR INACTIVE STATUS FOR INTERIOR DESIGNER REGISTRATION EFFECTIVE 10/1/06

This application shall be completed in its entirety, signed, and dated. Please type or print clearly in black ink.

**NAME:** \_\_\_\_\_ **Maiden Name if applicable:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NOTE:** The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires applicants to provide social security number.

**RESIDENCE ADDRESS:** Number & Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **Position or Title** \_\_\_\_\_

**BUSINESS ADDRESS:** Number and Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TELEPHONE:** Residence (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Please briefly explain your reason(s) for requesting inactive status.

\_\_\_\_\_  
I acknowledge that although granted inactive status, I shall be prohibited from using the title or term Interior Designer, Registered Interior Designer, Interior Design, Interior Design Consultant, or Interior Design Services.

I hereby request inactive status as an Interior Designer in the State of Alabama. I understand that I can return to active registration upon written notification to the Board. The request for reinstatement shall be submitted to the Board in writing on form(s) as approved by the Board. I understand that I will not be listed with the State, will not be listed in any rosters or other publications produced by the Board, will not be registered to practice interior design, and cannot exercise the privileges of active registration. I will be responsible for submitting an annual Continuing Education Report Form and fee each reporting period with the understanding that Continuing Education requirements must be fulfilled according to the Continuing Education Guidelines, prior to reinstatement. When requesting reinstatement, I shall be required to pay the entire annual fee for the full year and shall comply with all other requirements.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**MAIL TO:**  
**ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGNERS**

**P.O. 11026**

**Birmingham, AL 35202**

**(205) 879-4232**

**E-mail: ID.admin@idboard.alabama.gov**